

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

RECEIVED
 U.S. MARSHAL

PLAINTIFF
 UNITED STATES OF AMERICA

COURT CASE NUMBER
 03-54E

DEFENDANT
 Real Property Known and Numbered As 12 East 11th St., et al.

2003 DEC 10 A 6:20

TYPE OF PROCESS
 DESTROY PROPERTY

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { SEE BELOW
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

FILED

OCT 25 2006

MARY MCKEEN HOUGHTON
 ASSISTANT U.S. ATTORNEY
 633 U.S.P.O. & COURTHOUSE
 PITTSBURGH, PA 15219
 (412) 644-6750

CLERK, U.S. DISTRICT COURT

Number of process to be
 served with this Form 285

Number of parties to be
 served in this case

Check for service
 on U.S.A.

WEST DIST. OFFICE OF U.S. MARSHAL
 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
 All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

According to the attached Final Order of Forfeiture and Order dated October 6, 2003, please destroy the drug paraphernalia.

Signature of Attorney or Other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Mary Mckeen Houghton</i>	<input type="checkbox"/> DEFENDANT	412-894-7398	10/25/03

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time	<input type="checkbox"/> am <i>Oct 24 2006 11:30 pm</i>
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Signature of U.S. Marshal or Deputy
By L. Fallon

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

Asset ID# 03-DEA-418390, 03-DEA-418392, 03-DEA-418394, 03-DEA-418396, 03-DEA-418399, 03-DEA-418402

See remarks in destruction order of drug paraphernalia

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED